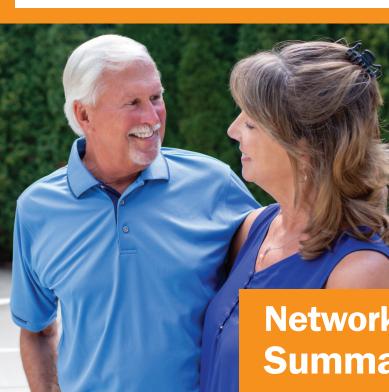
network 2020

HOMETOWN ADVANTAGE





Network *Prime* MSA Summary of Benefits



2020 NETWORK*PRIME* SUMMARY OF BENEFITS

SERVICE AREA AND ELIGIBILITY

To join Network *Prime* (MSA), you must be enrolled in Medicare Part A and Part B, live in our service area (our MSA service area includes the State of Wisconsin), not be diagnosed with end-stage renal disease (ESRD), not be receiving hospice care (also known as end-of-life care), not be eligible for Medicaid, not be part of a group health plan nor do you receive benefits from the Department of Defense (TRICARE), the Department of Veteran Affairs (VA) or the Federal Employee Health Benefits Program.

WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. A complete list of services can be found in the plan-specific Evidence of Coverage at **networkhealth.com/medicare/plan-materials**. Contact customer service for a printed copy.

CONTACT NETWORK HEALTH

By Phone	Sales Department – 800-983-7587 Health Care Concierge Customer Service – 800-378-5234 TTY/TDD Users – 800-947-3529
Online	networkhealth.com
By Mail or In Person	Network Health 1570 Midway PI., Menasha, WI 54952
Hours of Operation	 Normal business office hours are Monday-Friday, 8 a.m to 5 p.m. Network Health is closed on major holidays. From October 1-March 31, you can call customer service seven days a week from 8 a.m. to 8 p.m., Central Time. From April 1-September 30, Monday-Friday, from 8 a.m. to 8 p.m., Central Time. From October 1-December 31, you can call our sales department Monday-Friday from 8 a.m. to 6 p.m., and Saturdays from 8 a.m. to noon. Central Time. From January 1-September 30, Monday-Friday, from 8 a.m. to 5 p.m., Central Time.
Additional Resources	Medicare – Available 24 hours a day, seven days a week For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. by calling 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.

2020 NETWORK*PRIME* SUMMARY OF BENEFITS

Monthly Premium \$0 Annual Medical Deductible \$5,100 Medicare deposit into your MSA bank account \$1,500 Inpatient Hospital Coverage Outpatient Hospital Coverage, including Ambulatory Surgical Center Services DOCTOR VISITS Primary Care Provider Specialist Preventive Care Emergency Room Urgent Care DIAGNOSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Vision Services MENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits HOSPICE	Your Costs	Network <i>Prime</i> (MSA)
Medicare deposit into your MSA bank account Inpatient Hospital Coverage Outpatient Hospital Coverage, including Ambulatory Surgical Center Services DOCTOR VISITS Primary Care Provider Specialist Preventive Care Emergency Room Urgent Care DIAGNOSTIC IMAGING Uitrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services Until you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible you pay \$0 for Medicare covered services. No prior authorization required. No prior authorization required. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov.	Monthly Premium	\$0
Inpatient Hospital Coverage Outpatient Hospital Coverage, including Ambulatory Surgical Center Services DOCTOR VISITS Primary Care Provider Specialist Preventive Care Emergency Room Urgent Care DIAGNOSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Until you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible you pay \$0 for Medicare covered services. No prior authorization required. No prior authorization required. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov.	Annual Medical Deductible	\$5,100
Outpatient Hospital Coverage, including Ambulatory Surgical Center Services DOCTOR VISITS Primary Care Provider Specialist Preventive Care Emergency Room Urgent Care DIAGNOSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services Vision Services WENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits	Medicare deposit into your MSA bank account	\$1,500
Center Services DOCTOR VISITS Primary Care Provider Specialist Preventive Care Emergency Room Urgent Care DIAGROSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services WENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits	Inpatient Hospital Coverage	
DOCTOR VISITS Primary Care Provider Specialist Preventive Care Emergency Room Urgent Care DIAGNOSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services Usion Services Dental Services WENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		
Primary Care Provider Specialist Preventive Care Emergency Room Urgent Care DIAGNOSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services Vision Services MENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		
Specialist Preventive Care Emergency Room Urgent Care DIAGROSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services Vision Services WENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		
Emergency Room Urgent Care DIAGNOSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services Vision Services WENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		
Urgent Care DIAGNOSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services Vision Services WENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits	Preventive Care	
DIAGNOSTIC IMAGING Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services Vision Services MENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits	Emergency Room	
Ultrasound, EKG, EEG, Stress Test, Xrays, Radiation Therapy, MRIs, CT Scans Hearing Services Dental Services Vision Services MENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits Until you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible you pay \$0 for Medicare covered services. No prior authorization required. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare covered services, visit www.Medicare.gov.	Urgent Care	
MRIs, CT Scans Hearing Services Dental Services Vision Services Vision Services MENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits Until you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible of \$5,100, you pay up to 100% of the Medicare covered services. After you meet your annual deductible op pay 100 of the Medicare approved amount. After you meet your annual deductibe op pay 100 of the Medicare approved amount. After you meet your annual feat	DIAGNOSTIC IMAGING	
Dental Services Vision Services MENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits \$5,100, you pay up to 100% of the Medicare approved amount. After you meet your annual deductible you pay \$0 for Medicare covered services. No prior authorization required. For a complete listing of Medicare covered services, visit www.Medicare.gov. For a complete listing of Medicare.gov.		
Vision Services MENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits approved amount. After you meet your annual deductible you pay \$0 for Medicare covered services. No prior authorization required. For a complete listing of Medicare covered services, visit www.Medicare.gov.	Hearing Services	
MENTAL HEALTH CARE Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		
Outpatient Individual or Group Therapy, Psychiatric, Telehealth Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		approved amount.
Inpatient Mental Health SKILLED NURSING FACILITY OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		After you meet your annual deductible you
OUTPATIENT REHABILITATION Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		pay \$0 for Medicare covered services.
Physical, Occupational, Speech Therapy Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		No prior authorization required.
Ambulance Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		
Transportation Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		
Medicare Part B Drugs and Chemotherapy Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits	Ambulance	-
Diagnostic Services, Labs, Imaging Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits	Transportation	
Durable Medical Equipment Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits		
Diabetes Supplies and Services Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits	Diagnostic Services, Labs, Imaging	
Caregiver Support CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits	Durable Medical Equipment	
CHIROPRACTOR HOME HEALTH CARE Medicare Covered Home Health Care Visits	Diabetes Supplies and Services	
HOME HEALTH CARE Medicare Covered Home Health Care Visits	Caregiver Support	
Medicare Covered Home Health Care Visits	CHIROPRACTOR	
	HOME HEALTH CARE	
HOSPICE	Medicare Covered Home Health Care Visits	
	HOSPICE	

2020 NETWORK*PRIME* SUMMARY OF BENEFITS

Your Costs	Network <i>Prime</i> (MSA)
Wellness Rewards	Earn up to \$180 in gift cards by completing your annual wellness visit, routine labs and flu vaccine.
Optional Dental Benefit with Delta Dental Medicare Advantage. Visit networkhealth.com/medicare/plan-materials for details.	\$37 monthly premium Annual Maximum: \$1,000

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **800-378-5234** (TTY 800-947-3529), Monday–Friday from 8 a.m. to 8 p.m. From October 1–March 31, we're available every day, 8 a.m. to 8 p.m.

Understanding the Benefits

Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those
services that you routinely see a doctor. Visit networkhealth.com or call 800-983-7587
(TTY 800-947-3529) to view a copy of the EOC.

Understanding Important Rules

Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
MSA Plans combine a high deductible Medicare Advantage Plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount, so you generally have to pay money out of pocket before your coverage begins.

Medicare MSA Plans do not cover prescription drugs. If you join a Medicare MSA Plan, you can also join any separate Medicare Prescription Drug Plan.

There are additional restrictions to join an MSA plan, and enrollment is for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan. Contact the plan at 800-378-5234 (TTY 800-947-3529) for additional information.

REQUIRED INFORMATION - Nondiscrimination

Network Health complies with applicable Federal civil rights laws, conscience and anti-discrimination laws and prohibiting exclusion, adverse treatment, coercion or other discrimination against individuals or entities on the basis of their religious beliefs or moral convictions and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Network Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. You may have the right under federal law to decline to undergo certain health care-related treatments, research, or services that violate your conscience, religious beliefs, or moral convictions.

Network Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - o Information written in other languages

If you need these services, contact Network Health's discrimination complaints coordinator at 800-378-5234 (TTY 800-947-3529).

If you believe that Network Health has failed to provide these services, has failed to accommodate your conscientious, religious or moral objection or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Network Health's discrimination complaints coordinator, 1570 Midway Place, Menasha, WI 54952, phone number 800-378-5234, TTY 800-947-3529, Fax 920-720-1907, compliance@networkhealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health's discrimination complaints coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Multi-language Interpreter Services

If you, or someone you're helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-378-5234 (TTY 800-947-3529).

Albanian: Nëse ju, ose dikush që po ndihmoni, ka pyetje për Network Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 800-378-5234 (TTY 800-947-3529).

Arabic:

إذا كان لديك أو لدى شخص كنت مساعدة، أسئلة حول Health Network، لديك الحق في الحصول على المساعدة والمعلومات باللغة الخاصة بك دون أي تكلفة. للتحدث مع مترجم فوري، قم باستدعاء 378-378-5234 (7TY 800-947-3529).

2525-01-0719 Medicare

Chinese: 如果您, 或是您正在協助的對象, 有關於[插入SBM項目的名稱 Network Health 方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 [在此插入數字800-378-5234 (TTY 800-947-3529).

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Network Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 800-378-5234 (TTY 800-947-3529).

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Network Health haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-378-5234 (TTY 800-947-3529) an.

Hindi: यदि आप, या किसी को आप की मदद कर रहे हैं, के बारे में सवाल है Network Health, आप कोई भी कीमत पर अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिया के लिए बात करने के लिए, 800-378-5234 (TTY 800-947-3529) कहते हैं।.

Hmong: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Network Health, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 800-378-5234 (TTY 800-947-3529).

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Network Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는800-378-5234 (TTY 800-947-3529).로 전화하십시오.

Laotian: ຖ້າທ່ານ, ຫຼືຄົນທ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມຄຳຖາມກ່ຽວກັບ Network Health, ທ່ານມ ສິດທ່ ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທ່ີເປັນພາສາຂອງທ່ານບໍ່ມ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 800-378-5234 (TTY 800-947-3529).

Pennsylvania Dutch: Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Network Health, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 800-378-5234 (TTY 800-947-3529) uffrufe.

Polish: Jeśli Ty lub osoba, której pomagasz "macie pytania odnośnie Network Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 800-378-5234 (TTY 800-947-3529).

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Network Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 800-378-5234 (ТТҮ 800-947-3529).

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Network Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-378-5234 (TTY 800-947-3529).

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Network Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 800-378-5234 (TTY 800-947-3529).

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Network Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 800-378-5234 (TTY 800-947-3529).

lotes	



800-983-7587 (TTY 800-947-3529) **networkhealth.com**